

Louisiana State University - Enrollment Certification Form Veteran Affairs

Complete this form to request to certify your enrollment with VA for education benefits.

Return to: Office of Enrollment Management Office: (225) 578-3103
Pleasant Hall Fax: (225) 578-6300
Baton Rouge, LA 70803 E-mail: va@lsu.edu

Part 1: Student Information	
Last Name, First Name Middle Initial	Student ID 89-
Current Mailing Address City, State, Zip Code	
Email Address	Phone (Include area code)
Date of Birth	
Academic Level <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	Major (Include minor/concentration if applicable)
Anticipated Graduation Semester: Year:	

Part 2: Benefit Program	
Have you ever received VA Educational Benefits at LSU? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check one: <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Duty Spouse <input type="checkbox"/> Active Duty Child <input type="checkbox"/> Veteran <input type="checkbox"/> Veteran Spouse <input type="checkbox"/> Veteran Child <input type="checkbox"/> Reserves
Indicate the VA education program you will receive benefits under. Please check only one:	
<input type="checkbox"/> Chapter 30 Montgomery GI Bill-Active Duty	<input type="checkbox"/> Chapter 31 Voc. Rehab <i>*Case Manager:</i>
<input type="checkbox"/> Chapter 1606 Montgomery GI Bill-Selected Reserve	<input type="checkbox"/> Chapter 1607 Reserved Educational Assistance (REAP)
<input type="checkbox"/> Chapter 35 Dependents Educational Assistance <i>*VA File Number:</i>	<input type="checkbox"/> *Check if you are receiving Title 29/Exec Act 54:
<input type="checkbox"/> Chapter 33 Post-9/11 GI Bill <i>*What is your percentage of eligibility? _____%</i>	<input type="checkbox"/> *Check if benefits were transferred from a parent or spouse

Part 3: Enrollment Certification	
Mark the term this certification is for: Fall Spring Sum Wint Int Spr Int Sum Int Online: Module	

List registered courses to submit to VA for certification. **Only include courses that are required for your degree.**
***Chapter 33: If any of your courses are internship/externships/co-ops, please list zip code of location next to the correspondence class listed below.**

Course	Credits	Repeat	Course	Credits	Repeat
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

Part 4: Student Certification	
Check each box below to show that you agree and understand each statement.	
<input type="checkbox"/> I certify that I am registered for the courses listed above and that they satisfy my degree requirements and have been approved by my advisor. <input type="checkbox"/> I understand that any changes in my enrollment that affect my benefit payment amount will be reported to VA. <input type="checkbox"/> I understand that debts maybe incurred if I drop classes after add/drop and that my monthly stipend will be reduced. I understand that I am responsible for all debts owed to LSU and/or VA resulting from any change to my enrollment. <input type="checkbox"/> I authorize LSU to certify my enrollment for the above semester(s) and release information to VA concerning my academic status. <input type="checkbox"/> It is my responsibility to ensure that my class schedule has been secured by completing my registration . My classes will be dropped if I do not make payment arrangements by the payment deadlines listed in the LSU catalog. <input type="checkbox"/> I am responsible for my tuition and fees at LSU if my VA benefits fail to come in for any reason. <input type="checkbox"/> I am responsible for keeping track of how many months of benefits I have left by calling 1-888-442-4551 or through ebenefits.va.gov <input type="checkbox"/> I will report any dropped classes to LSU VA va@lsu.edu <input type="checkbox"/> If I am not eligible to receive VA benefits or the amount I receive does not cover full tuition & fees, I am still personally liable for said expenses. <input type="checkbox"/> As a National Guard member using tuition exemption, I understand that I am financially responsible for all tuition and fees if I am placed on academic probation.	
Signature _____	Date: _____

OFFICE USE ONLY	VET LIST:	VA ONCE:
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